

EXPORT-IMPORT BANK OF THE UNITED STATES

**NOTICE OF CLAIM AND PROOF OF LOSS
MEDIUM TERM INSURANCE**

Please send this completed form to :
Export-Import Bank of the US, Asset Management Division
811 Vermont Ave., NW, Washington, DC 20571
(202) 565-3600

Date Received: _____

Claim No.: _____

SECTION A. NAMES AND ADDRESSES (please provide full names and addresses)

<p>A.1 Insured</p> <p>Contact: _____ Phone: _____ Fax: _____</p>	<p>A.5 Buyer</p> <p>Contact: _____ Fax: _____ Phone: _____ Telex: _____</p>
<p>A.2 Assignee <input type="checkbox"/> None</p> <p>Contact: _____ Phone: _____ Fax: _____</p>	<p>A.6 Obligor <input type="checkbox"/> Same as 5</p> <p>Contact: _____ Fax: _____ Phone: _____ Telex: _____</p>
<p>A.3 Broker <input type="checkbox"/> None</p> <p>Contact: _____ Phone: _____ Fax: _____</p>	<p>A.7 Foreign Sales Agent <input type="checkbox"/> None</p> <p>Contact: _____ Fax: _____ Phone: _____</p>
<p>A.4 Exporter <input type="checkbox"/> None</p> <p>Contact: _____ Phone: _____ Fax: _____</p>	<p>A.8 Other</p> <p>Contact: _____ Fax: _____ Phone: _____</p>

SECTION B. CERTIFICATIONS OF INSURED

Please note that the certification is subject to the penalties provided in Article 18 U.S.C. sec. 1001. The Insured certifies that (if any certification cannot be made, please explain):

1. It has completed and attached the following sections: ☐ A; ☐ B; ☐ C; ☐ D;
☐ E; ☐ F; ☐ G; ☐ H;
2. the amount claimed is presently owing by the buyer;
3. it has received the down payment in accordance with the policy requirements;
4. the buyer has not asserted any defenses to this debt nor disputed the amount of the debt owing;
5. it has not granted any discounts, allowances, rebates or commissions, except as described below and has not made any payments to the Buyer/Issuing Bank (☐ None);
6. to the best of its belief, it has complied with the terms and conditions of the policy, all the information supplied in support of this claim is complete and true, and it has not withheld any material facts.

Name: _____ Date: _____

Title: _____ Signature: _____

SECTION C. RELEASE AND ASSIGNMENT

You have the option of completing and submitting this Release and Assignment with your claim submission. If you do, the release will operate upon negotiation of a claim payment check. This will expedite your claim payment in the event of claim approval.

WHERE AS the Export-Import Bank of the United States (Ex-Im Bank) issued an Export Credit Insurance Policy to the Insured; AND WHEREAS, the Insured has filed a claim under insurance policy _____ on the proof of loss dated _____; NOW, THEREFORE, the Insured and Ex-Im Bank agree as follows: In the event the claim is approved for payment and the Insured or its assignee or any agent negotiates a claim payment check, the Insured does release Ex-Im Bank from all claims, actions, and causes of action of whatsoever character and description which the Insured ever had, now has or hereafter can, shall or may have relating to this claim. AND, in further consideration of the claim payment by Ex-Im Bank, the Insured does assign to Ex-Im Bank, its successors and assigns, all right, title and interest in, and all sums of money now due, or to become due, to the Insured from the Buyer under the transactions and accounts relating to the Claim, and any and all contracts, security and evidences of indebtedness relating thereto; to have and to hold the same, with full power, at their own cost, to collect and enforce the same, for their own use and benefit by any action or proceeding in the name of the Insured or otherwise, and to take all legal steps as they deem proper or necessary in connection herewith.

In witness whereof, the Insured has caused this instrument to be signed this _____ day of _____, _____.

(Name of Insured)

By: _____
(Signature)

Name and Title: _____
(Print)

State of _____

County of _____

I, _____ a notary public in _____ and for the aforesaid County and State, do hereby certify that on this day, before me personally

came _____ to me known, who, being duly sworn, did depose and say that he/she

is the _____ of _____, the entity described herein and which executed the foregoing instrument; and that he/she has full authority to complete and execute the said instrument in the name of, and on behalf of, the said entity.

In witness whereof, I have hereunto set my hand and seal this _____ day of _____, _____.

Notary Public Signature

(Seal)

SECTION D. POLICY INFORMATION

Policy No.: _____ Original Eff.. Date: _____ Date of Assignment: _____		MEDIUM-TERM Contract Price: _____ Financed Portion: _____
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SECTION E. CLAIM INFORMATION

Date(s) Shipped:	Risk Type Claimed Under: <input type="checkbox"/> Insolvency <input type="checkbox"/> Protracted Default <input type="checkbox"/> Non-Acceptance <input type="checkbox"/> Transfer Risk <input type="checkbox"/> Other Political Risk
Terms of Sale:	
First Default Date:	Special Conditions, if Applicable: <input type="checkbox"/> Security Interest <input type="checkbox"/> Guarantor(s) Name(s) _____ _____ <input type="checkbox"/> Other _____
Product(s):	
Foreign Content Percentage: _____ %	

SECTION F. CLAIM DOCUMENTATION

Documentation listed below is normally required for all claims. To avoid processing delays, please provide all applicable items or explain, in the space provided below, why it is not enclosed:

ALL CLAIMS - Please check "Enclosed" if the document is enclosed or "Not Applicable" if the document is not applicable to your transaction. Please submit copies only. Original debt instruments are to be submitted after a claim is approved.

DOCUMENTARY POLICY: Financial Institution Insured or

Exporter Insured with Documentary Assignment

- | | | |
|--|-----------------------------------|---|
| 1. Promissory Note | <input type="checkbox"/> Enclosed | |
| 2. Invoice | <input type="checkbox"/> Enclosed | |
| 3. Bill of Lading/Transport Document | <input type="checkbox"/> Enclosed | |
| 4. Exporter Certificate | <input type="checkbox"/> Enclosed | |
| 5. Beneficiary Certificate | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 6. Evidence of Funding | <input type="checkbox"/> Enclosed | |
| 7. Special Conditions Evidence of Compliance | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 8. Evidence of Transfer/other Political Risk | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |

NON-DOCUMENTARY POLICY: Exporter Insured or

Exporter Insured with Basic Assignment

- | | | |
|---|-----------------------------------|---|
| 1. Promissory Note | <input type="checkbox"/> Enclosed | |
| 2. Invoice | <input type="checkbox"/> Enclosed | |
| 3. Bill of Lading/Transport Document | <input type="checkbox"/> Enclosed | |
| 4. Contract of Sale | <input type="checkbox"/> Enclosed | |
| 5. Credit Agreement | <input type="checkbox"/> Enclosed | |
| 6. Collection Correspondence | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 7. Evidence of Cash Payment | <input type="checkbox"/> Enclosed | |
| 8. Evidence of U.S. Origin | <input type="checkbox"/> Enclosed | |
| 9. Special Conditions Evidence of Compliance | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 10. Evidence of Transfer/Other Political Risk | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 11. Overdue Reports | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |

SECTION G. SCHEDULE OF SHIPMENTS--MEDIUM-TERM ONLY--ATTACH A SIMILAR SCHEDULE

FOR EACH NOTE

Note No. _____

Contract Price \$ _____

Down payment \$ _____

Financed Portion \$ _____

Date of Premium Payment _____

ALL CLAIMS						TRANSFER RISK ONLY				
Installment No.	Due Dates	Declining Principal Balance	Principal Installment	Interest Amount (Note Rate)	Amount(s) Received	Date of Deposit	Amount of Deposit	Deposit within 90 days?		Name of Depository
								Yes	No	

SECTION H. CALCULATION OF ELIGIBLE LOSS (MEDIUM-TERM ONLY)

Principal Balance: \$ _____

(+) Plus interest at _____ to maturity dates: _____
(contract rate)

(+) Plus interest at _____ from maturity date to 270 days after maturity date: _____
(contract rate)

(-) Minus

- a. Total buyer payments: (_____)
- b. Other credits, discounts and allowances: (_____)
- c. Funds received from any other source: (_____)
- d. Savings because of nonpayment of agent's commission: (_____)

Net Loss: \$ _____

Net Loss x Coverage _____ %
\$ _____
(eligible loss)